



## Application Data Sheet

### Application Information

Application number:: 10/756,188  
Filing Date:: 01/12/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: THERAPEUTIC DEVICE AND METHOD USING  
FEEDBACK FROM IMPLANTABLE SENSOR  
DEVICE  
Attorney Docket Number:: 021628-000810US  
Request for Early Publication:: No  
Request for Non-Publication:: Yes  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Brian  
Middle Name: P.  
Family Name: Brockway  
Name Suffix:  
City of Residence: Shoreview  
State or Province of Residence: MN  
Country of Residence: US  
Street of Mailing Address: 4339 Nancy Place  
City of Mailing Address: Shoreview  
State or Province of mailing address: MN  
Country of mailing address:  
Postal or Zip Code of mailing address: 55126

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Brian  
Middle Name: D.  
Family Name: Pederson  
Name Suffix:  
City of Residence: Andover  
State or Province of Residence: MN  
Country of Residence: US  
Street of Mailing Address: 15020 Drake Street NW  
City of Mailing Address: Andover

State or Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 55304

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: G.  
Family Name:: Benditt  
Name Suffix::  
City of Residence:: Edina  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 2 Circle West  
City of Mailing Address:: Edina  
State or Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 55436

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	41,405	Chun-Pok Leung
Associate	41,405	Chun-Pok Leung

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,151	01/15/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::	Transoma Medical, Inc.
Street of mailing address::	4211 Lexington Avenue, N. #2244
City of mailing address::	St. Paul
State or Province of mailing address::	Minnesota
Country of mailing address::	United States
Postal or Zip Code of mailing address::	55126